



MOOC 1 – Learning Unit 5

Chapter 5 – Methods

GOOD PRACTICES

Title: Good practices for Caregivers

Case Description:

A family of six, two parents and four children aged under 20. The third child, Anna is a 16-year-old girl with Down syndrome, including mild deambulation difficulties, epileptic seizures, and mild cognitive impairment. In case of distress, despite her good interpersonal interaction within the family, episodes of anger outbursts and stubbornness may occur.

During a big magnitude earthquake, the family needs to evacuate the house immediately. The mother urges the children to calmly move towards the main door. Anna wants to prepare a small baggage with her preferred clothes while moving too slowly. The mother is the person legally accustomed to make decisions on behalf of Anna, who tends to disobey her mother, responding with crying and shouting. The eldest child who usually handles Anna more efficiently in difficult situations, succeeds to persuade her to leave the house without the baggage. In the hours following the disaster, the family stayed in the nearest camp where Anna continued to be upset and dysfunctional.



In similar case studies, as in the real clinical vignette described above, firstly it is very important to know not only who has the legal responsibility for the recipient, but also, which member of the family is more competent and flexible to cope with the recipient's behavioral disturbances and

needs. Moreover, it is an example, where the level of engagement in emergency situation deteriorated by the lack of collaboration due to anger outbursts.

Good practices

Informal caregivers usually are family members and friends, who support and care a person with chronic health issues and/or diseases.

Interventions regarding informal caregivers during a disaster:

1. Collaborate with social and formal healthcare support systems
2. Train formal medical team on how to meliorate communication between informal caregivers, formal caregivers, and care recipients
3. Provide community support programs focusing on caregiving
4. Consider caregivers' needs in the adjustment of disaster preparation awareness programs and their level of engagement
5. Recognize and mobilize resources to support informal caregivers' resilience
6. Get information about the care recipients' specific needs: medications, health condition status, correlated inabilities, and the use of their medical equipment
7. Advise family caregivers to store medications for their care recipient in the case of an emergency
8. Inquire about previous and current relationship status between recipients and caregivers, for example grandmother/granddaughter
9. Getting information about who, as informal caregiver, is/isn't accustomed to make decisions on behalf of the care recipient
10. Be informed about the level of engagement and understanding of the care recipients



Further suggestions:

- *IASC (2019) Inclusion of persons with disabilities in humanitarian action. IASC Task Team on inclusion of Persons with Disabilities in Humanitarian Action. <https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>*



Co-funded by the
Erasmus+ Programme
of the European Union

The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.